



**CALIFORNIA UNIFIED
CERTIFICATION PROGRAM**

**DBE
RENEWAL
APPLICATION**

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et. seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to the IPA Officer.

1. NAME OF FIRM		2. FIRM I.D. NUMBER		BUSINESS EMAIL ADDRESS:	
FIRM'S ADDRESS (<i>Physical</i>)		CITY		STATE	ZIP CODE
FIRM'S ADDRESS (<i>Mailing</i>)		CITY		STATE	ZIP CODE
3. MAJORITY OWNER(S)		4. BUSINESS PHONE		BUSINESS FAX	
5. IS THE BUSINESS STREET ADDRESS OR PHONE NUMBER THE SAME AS THE RESIDENCE?				YES	NO
6. HAS THE OWNERSHIP OR CONTROL OF THE COMPANY CHANGED?				YES	NO
If Yes, please call the phone number below to obtain a complete Certification Application or access Caltrans' Website Address at: www.dot.ca.gov/hq/bep to download the application.					
7. NAME OF LICENSEE		LICENSE NUMBER – PLEASE SUBMIT COPY OF CURRENT LICENSE(S)			
8. INDICATE THE COMPANY'S GROSS RECEIPTS FOR THE LAST YEAR:				YEAR ENDING	
				\$	
				FULL TIME	PART TIME
9. NUMBER OF CURRENT EMPLOYEES:					
10. DOES THE COMPANY SHARE SPACE, EMPLOYEES, EQUIPMENT OR FINANCING WITH ANY OTHER COMPANY?				YES	NO
				IF YES, EXPLAIN IN A SEPARATE ATTACHMENT	
11. HAVE THE OFFICEHOLDERS OF THE COMPANY CHANGED?				YES	NO
				IF YES, EXPLAIN IN A SEPARATE ATTACHMENT	
12. HAS THE BOARD OF DIRECTORS CHANGED?		NAME OF CHAIRMAN			
YES		NO			
13. Are you currently certified with any other agencies as a DBE?				YES	NO
				If yes, attach copy(ies) of certificate(s)	
14. SUBMIT THE FOLLOWING DOCUMENTS FOR: (Failure to submit documents requested with this application may result in the removal of your firm's certification.)					
SOLE PROPRIETOR: MOST RECENTLY FILED 1040 TAX FORM WITH ALL SCHEDULES					
PARTNERSHIP: 1) MOST RECENTLY FILED 1065 TAX FORM; 2) MOST RECENTLY FILED 1040 TAX FORMS WITH ALL SCHEDULES; & 3) MINUTES					
CORPORATION: 1) MOST RECENTLY FILED 1120 TAX FORM; 2) MOST RECENTLY FILED 1040 TAX FORMS WITH ALL SCHEDULES; & 3) MINUTES					
LIMITED LIABILITY CO. 1) MOST RECENTLY FILED 1065/1120 TAX FORMS; 2) MOST RECENTLY FILED 1040 TAX FORMS WITH ALL SCHEDULES; & 3) MINUTES					
1. The undersigned swears, under perjury, that the foregoing statements are true and correct and further states that he/she is properly authorized by,					
Name of Firm		, to execute the affidavit and does so as his/her free act and deed.			
PRINTED NAME		SIGNATURE			
TITLE				DATE	
NOTARY					
The foregoing affidavit was subscribed and sworn to me before me on this _____ day of _____, _____ by					
NAME					
NOTARY PUBLIC _____ COMMISSION EXPIRES _____					

\Mail completed application and supporting documentation to:
(Agency)
(Department)
(Address)
(City, State Zip)

NOTARY PUBLIC SEAL